

***It Pays To Be A Member of BCFFPA!***

Your membership at **BC Federation of Foster Parent Associations** funds the activities of the Local Association in your area. Your membership adds to BCFFPA's ability to support and advocate for BC's foster parents across the province.



Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Region \_\_\_\_\_ Local Association \_\_\_\_\_

**Membership Type**     Foster Parent             Associate /Not a Foster Parent             Associate/Agency

**New membership** \_\_\_\_\_            **Membership renewal** \_\_\_\_\_

**1 year individual** \$30.00 \_\_\_\_\_            **1 year couple** \$35.00 \_\_\_\_\_            **1 year Agency membership** \$200.00 \_\_\_\_\_

**2 year individual** \$50.00 \_\_\_\_\_            **2 year couple** \$60.00 \_\_\_\_\_

**Type of service I/we provide:**

Kith/Kin \_\_\_\_\_ Restricted \_\_\_\_\_ Regular \_\_\_\_\_ Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_

Youth Justice \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**I/We contract with** (eg. MCFD, Delegated Agency) \_\_\_\_\_

OR My **affiliation is** (eg. Staff, MCFD, community member) \_\_\_\_\_

*As members of the BC Federation of Foster Parent Associations, I/we agree to abide by the Bylaws, Code of Ethics, policies and procedures of the Federation.*

\_\_\_\_\_  
Signature(s)

Please charge my:     VISA     MASTERCARD    # \_\_\_\_\_    Expiry \_\_\_\_\_

\_\_\_\_\_  
Signature (for charge approval)

**OR** my cheque is enclosed \_\_\_\_\_ (Make cheques payable to: BC Federation of Foster Parent Associations)

**Name of BCFFPA member(s) who referred you:** \_\_\_\_\_

Please complete and submit this form via mail or fax. Thank you for supporting BC's foster parents!

**\*\*Please note that BCFFPA Memberships cover the 12 month calendar year.\*\***